

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organization)

CCDC 2010

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	
Logged In	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]
 SIGNATURE OF PERSON FILING REPORT

641-342-2944
 TELEPHONE

10/18/10
 DATE SIGNED

I AM FILING A October 18, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
 November 2, 2010
 County & Local Committees, enter County in
 which Election is held
 Clarke

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

0.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

0.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,579.90

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 1,980.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CCDC 2010

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/27/10	ID# CK# 7509	Vista Print www.vistaprint.com	yard signs to publicize Vote Yes on the Casino Referendum	\$ 882.77
8/27/10	ID# CK# 7526	Vista Print www.vistaprint.com	yard signs to publicize Vote Yes on the Casino Referendum	398.13
9/30/10	ID# CK# 7517	Clarke County Development Corp PO Box 426, Osceola, IA 50213	printing of collateral materials for speaking tour re: referendum	300.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1580
TOTAL (If last page of this schedule)				\$ 1580

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
CCDC 2010

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/30/10	Elizabeth Simpson, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		phone calls to set up speaking tour	\$ 240.00	<input type="checkbox"/>
8/31/10	Elizabeth Simpson, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		phone calls to set up speaking tour	240.00	<input type="checkbox"/>
9/1/10	Elizabeth Simpson, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		phone calls to set up speaking tour	240.00	<input type="checkbox"/>
9/2/10	Elizabeth Simpson, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		phone calls to set up speaking tour	240.00	<input type="checkbox"/>
9/3/10	Elizabeth Simpson, Clarke County Development Corp PO BOX 426, Osceola, IA 50213		phone calls to set up speaking tour	240.00	<input type="checkbox"/>
9/10/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	90.00	<input type="checkbox"/>
9/13/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	150.00	<input type="checkbox"/>
9/14/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
9/15/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
9/20/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	60.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,560.00	
TOTAL (If last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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COMMITTEE NAME (Must be same as on Statement of Organization)

CCDC 2010

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
--------------------------------------	--------------------------

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/21/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	\$ 30.00	<input type="checkbox"/>
9/23/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		Meetings w/ community groups	60.00	<input type="checkbox"/>
9/27/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		Meetings w/community groups	30.00	<input type="checkbox"/>
9/28/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		Meetings w/ community groups	30.00	<input type="checkbox"/>
9/30/10	William Trickey, Clarke County Development Corp PO BOX 426, Osceola, IA 50213		Meetings w/ community groups	60.00	<input type="checkbox"/>
10/1/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
10/4/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	60.00	<input type="checkbox"/>
10/5/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
10/7/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
10/11/10	William Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 390.00	
TOTAL (if last page of this schedule)				\$	

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CCDC 2010

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/13/10	Williwma Trickey, Clarke County Development Corp, PO Box 426, Osceola, IA 50213		meetings w/ community groups	\$ 30.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 30.00	
TOTAL (if last page of this schedule)				\$ 1,980.00	

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